

DEPARTMENT OF ACCOUNTS
LAS Security Access Request Form

Form: LAS-S1

Agency Number: _____ Agency Name: _____

Phone Number: _____ FAX Number: _____

LAS Coordinator: _____

Email address: _____

I certify that this agency maintains a system of internal control over on-line access LAS adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

Date: _____ LAS Security Officer: _____

View only access _____ Yes _____ No

Print User Name			DOA Assigned LAS ID Number	Date LAS Access Added
First	Middle Int.	Last		

New User(s) Email Address(es) _____

Access Agencies: _____

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Please forward to:

**Department of Accounts
Financial Reporting Unit
P.O. Box 1971
Richmond, VA 23218-1971**

DOA AUTHORIZED SIGNATURE: _____ Date: _____